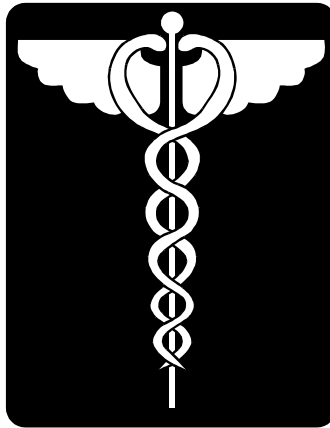


2000 STATEWIDE MEDICAL & HEALTH DISASTER EXERCISE GUIDEBOOK

STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY



NOVEMBER 9, 2000



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000

Guidebook
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A. "Intent to Participate" Forms.

i. Facility/Ambulance Provider Intent to Participate Form.

Each healthcare facility, ambulance provider or entity participating in the exercise will complete this form. If you are a multiple facility or multi-campus facility, complete one intent form for each facility participating.

ii. Amateur Radio Intent to Participate Form

Note: the Facility/Ambulance Provider and Amateur Radio forms must be faxed to your Operational Area Medical/Health Exercise Contact by September 8, 2000 to participate in the exercise. See Attachment VIII for names and fax information.

iii. Operational Area Intent to Participate Form. This form must be faxed to your Regional Disaster Medical/Health Specialist by **September 14, 2000** to participate in the exercise. See Attachment IX for names and fax information.

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Attachment - i

State of California
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INTENT TO PARTICIPATE
For Healthcare Facilities and Ambulance Providers **

**THIS FORM MUST BE FAXED TO THE OPERATIONAL AREA (COUNTY)
MEDICAL/HEALTH EXERCISE CONTACT (LISTED IN ATTACHMENT VIII)
BY FRIDAY SEPTEMBER 8, 2000.**

Name of
Healthcare Facility
Or Ambulance Provider: _____

Address: _____

City: _____ Zip: _____

Facility/Provider Exercise Coordinator: _____

Telephone #: _____ Fax #: _____

Email: _____

County: _____ State License #: _____

1. Please indicate whether your healthcare facility/ambulance provider will participate in the Statewide Exercise, November 9.
 - a. Will participate
 - b. Will not participate (*Skip next question*)
 - c. Unsure at this time
2. Please indicate the level of participation of your healthcare facility/ambulance provider during the November 9 exercise.
 - a. Table top exercise
 - b. Functional exercise
 - c. Communications exercise only
 - d. Unsure at this time

(See glossary for definitions of the types of exercises)

**** This form must be completed for each healthcare facility, ambulance provider or entity participating in the exercise. If you are a multiple facility or multi-campus facility, complete one Intent Form for each individual facility participating. The Intent Form may be duplicated for this purpose.**



Attachment - ii

State of California
Emergency Medical Services Authority
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INTENT TO PARTICIPATE
For Amateur Radio, CARES, AND RACES Providers

This form must be faxed to the Operational Area (County) Medical/Health Exercise Contact by FRIDAY, SEPTEMBER 8, 2000. (See Attachment VIII for listing)

Name of
Amateur Radio Association: _____

Amateur Radio Exercise Contact: _____

County/Area Served: _____

Address: _____

City: _____ Zip: _____

Telephone #: _____ FAX: _____

Email: _____

1. Please indicate whether your amateur radio association/agency will participate in the Statewide Exercise, November 9.
Will participate
Will not participate (*Skip next question*)
Unsure at this time

2. Please specify which communications network(s) you will be activating during the November 9 exercise.

Specify: _____

Please fax this form to the Operational Area (County) Medical/Health Exercise Contact (see Attachment VIII in the Exercise Guidebook) by **Friday, September 8, 2000**.



Attachment- iii

**State of California
Emergency Medical Services Authority
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OPERATIONAL AREA INTENT TO PARTICIPATE

This form must be faxed to the Regional Disaster Medical/Health Specialist (listed in Attachment IX) by THURSDAY, SEPTEMBER 14, 2000.

Operational Area (County): _____

Operational Area Medical/Health
Exercise Contact Name: _____

Address: _____

City: _____ Zip: _____

Telephone #: _____ FAX: _____

Email: _____

Agency Name	Operational Area Exercise Participation			Communications Exercise Testing Communications Systems			
	Table top Exercise	Functional Exercise	Unsure at this time	Amateur Radio	RIMS	OASIS	Other (List)
Instructions: Check all that apply to denote level of participation.							
Local Emergency Medical Services Agency							
Local Health Officer/Public Health							
Operational Area Disaster Medical/Health Coordinator							
Local Office of Emergency Services							
Other (List):							
Other: (List):							

Data will be entered into RIMS by: (Check One)

Local Office of Emergency Services

Operational Area Disaster
Medical/Health Coordinator

Other (list): _____



Attachment I

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
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EXERCISE OBJECTIVES

Each participant may choose from the optional exercise objectives based upon your selected scenario. A minimum of three (3) objectives, including the mandatory objectives, must be chosen for the exercise.

Hospital Objectives

Mandatory Objective I:

Implement the facility's emergency preparedness response plan using a recognized incident command system (preferably HEICS).

Hospital Optional Objectives:

Objective II:

Assess the ability to respond to a hazardous materials incident, including victim decontamination.

Objective III:

Utilize alternative communication systems.

Objective IV:

Assess back up systems or techniques to handle potential problems associated with at least one system critical to the operation of the health facility, e.g. loss of water, power, computers, sewer, natural gas, etc.

Objective V:

Assess the ability to respond to a large influx of patients and subsequent facility overcrowding.

Ambulance Objectives

Mandatory Objective I:

Implement the ambulance service emergency preparedness plan using the Incident Command System.

Ambulance Optional Objectives:

Objective II:

Assess the ability to respond to a hazardous materials incident, including management of contaminated victims.

**Statewide Medical & Health Disaster Exercise
November 9, 2000**

EXERCISE OBJECTIVES

Ambulance Objectives (continued)

Objective III:

Utilize alternative communication systems to reach local government medical/health contacts.

Objective IV:

Assess back up systems or techniques to handle potential problems associated with at least one system critical to the operation of the service, i.e. alternate routing, equipment failure, flat tires, access to fuel, loss of power, etc.

Objective V:

Assess the ability to manage transfer of a large number of victims and coordinate with health care facilities and local medical/health contacts.

Amateur Radio

Objective I: (Pre-Exercise)

Develop information packet for hospitals to use for amateur radio to promote understanding of frequencies/protocols to be used during a drill/actual event.

Objective II: (Pre-Exercise)

Coordinate with local amateur radio operators on use of frequencies and protocols used during a drill/actual event.

Mandatory Objective III:

Test regional/statewide network voice systems and redundant communications in coordination with local amateur radio operators, using established frequencies and protocols.

Operational Area (Exercise Contact Objectives)

Mandatory Objective I:

Assess the operational area's ability to collect accurate and pertinent data from participants.

Mandatory Objective II:

Demonstrate the ability to access and transmit RIMS information to the region and state.

Mandatory Objective III:

Evaluate RIMS information accuracy and the value of data captured for actual response and recovery actions.



Attachment- II

**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000**

Glossary of Terms

Communications Drill (Exercise)	The communications drill is designed to test and evaluate communication systems including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell, and satellite systems, among others.
Decontamination	<u>Hazardous materials</u> : Decontamination consists of removing contaminants or changing their chemical nature to innocuous substances. Contamination control is facilitated by containment methods such as diking. <u>Radioactive materials</u> : The reduction or removal of radioactive material from a structure, area, person or object. A surface may be treated, washed down or swept to remove the contamination. Contamination can also be controlled by isolating the area or object contaminated, and letting the material stand.
Emergency	A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy.
Emergency Operations	Those actions taken during the emergency period to protect life and property, care for the people affected, and temporarily restore essential community services.
Emergency Operations Center	A centralized location from which emergency operations can be directed and coordinated.
Exercise (Drill)	An activity that tests, develops, or maintains skills in a single emergency response procedure (e.g. communication drills, fire drills, etc.)
Functional Drill (Exercise)	The functional exercise is an activity designed to test or evaluate the capabilities of a single function (e.g. command and control), or complex activity within a single function. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific, capacity. This exercise is fully simulated with written or verbal messages.

Glossary of Terms

Full Scale Drill (Exercise)	This type of drill is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized.
Hazardous material	A substance or combination of substances which, because of quantity, concentration, physical, chemical radiological, explosive, or infectious characteristics, poses a substantial present or potential danger to humans or the environment.
Hazardous material incident	Any release of a material which is capable of posing a risk to health, safety and property. Areas at risk include facilities that produce, process, transport or store hazardous material, as well as all sites that treat, store, and dispose of hazardous material.
Incident Command System (ICS)	The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incident without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with the responsibility to management of resources to effectively accomplish stated objectives pertinent to an incident.
Local Emergency (State definition)	The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake or other conditions which are, or are likely to be, beyond the control of the services, personnel, equipment and facilities of a political subdivision and require the combined forces of other political subdivisions to combat.
Operational Area	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.
Regional Emergency Operations Center (REOC)	The Regional Emergency Operations Center is the first level facility of the Office of Emergency Services to manage a disaster. It provides a single consistent emergency support staff operating from a fixed facility, whose staff are responsive to the needs of the operational areas and coordinates with the State Operations Center.

Glossary of Terms

Status Codes	<p><u>Green</u>: Provider is able to carry out normal operational functions</p> <p><u>Yellow</u>: Some reductions in patient services, but overall, provider is able to carry out normal operational functions</p> <p><u>Red</u>: Significant reductions in patient services. Emergency services only being provided.</p> <p><u>Black</u>: Provider has been severely affected. Unable to continue any services</p>
Tabletop Drill (Exercise)	A learning exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem-solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress.



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000**

EXERCISE SCENARIO

Scenario Overview.

Trigger Event: It is Thursday, November 9, 2000 at 0730 hours. A 6.5 magnitude quake occurs on a major earthquake fault near you. The rupture zone is approximately 18 miles long running through many heavily populated areas. Damage is widespread including moderate damage to some highways and buildings. Rush hour traffic is severely affected with fender benders and slow traffic due to traffic signal failures. Damage is also apparent in underground infrastructure including water, sewage, natural gas and power.

Event Simulation Time Line. ** Note: participants may select the scenario events that correspond to the exercise objectives (in Attachment I) chosen for the exercise.

0730 hours - Earthquake occurs.

0750 hours - County OES activates the Operational Area Emergency Operations Center (OAEOC). The OAEOC staffs are alerted to report for duty. Messages are sent to all cities, county departments, special districts, and Regional OES (REOCs) advising of the OAEOC's activation. Cities and county departments are asked to submit status reports ASAP via RIMS. The REOC and OAEOC's request is made to the cities and County departments for submission of partial or initial damage assessment reports and to subsequently fill in more detail.

0815 hours - Initial reports on damage assessments arriving at the OAEOC.

0930 hours - Status Reports indicate infrastructure BLACK due to power outages.

- **Problem:** Power outages in areas within approximately 50 to 100 miles of the epicenter.
- **Problem:** There is no electricity in the cities of _____. There is no time estimate of repair or reestablishment of power.
- **Problem:** Hospitals are reporting structural damage to some buildings.
- **Problem:** Major water, natural gas and sewer system disruptions in the cities of:_____.

1000 hours - Phone System Failures.

- **Problem:** Some phone system failures close to the epicenter.
- **Problem:** Freeway structural damage within the vicinity of the epicenter. Damage is visible but structures are still standing.

1030 hours - Major HAZMAT incidents.

- **Problem:** HazMat incident in the hospital (e.g. lab, engineering) caused by explosion, fire, and/or spills due to aftershocks. Small area evacuation and HazMat cleanup required.

1045 hours - Train Derailment.

- **Problem:** Train derails on outskirts of town. Unknown number of casualties. Ambulances are enroute to local area hospitals.

1100 hours - Tsunami strikes coastal area.

- **Problem:** Small tsunami caused by large underwater landslide. Tidal surge impacts homes on low-lying beachfront areas. Generally, little structural damage but lots of wet homes with superficial damage. There is some loss of life when people are washed out to sea, other victims are rescued and/or self rescues and need medical care.

1200 hours - Exercise ends.



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000**

MASTER SEQUENCE OF EVENTS

This year you are invited to participate in a Statewide exercise designed to assess California's health care facilities and ambulance provider preparedness and ability to remain functional if significant earthquakes, power outages, telephone outages, hazardous material incidents requiring decontamination, and floods occur.

The exercise is scheduled for Thursday, November 9, 2000 from 8:00 a.m. to 12:00 p.m.

Exercise Information

Real Time:

0730 hours

Earthquake occurs, magnitude 6.5.

- Rupture zone is 18 miles long affecting heavily populated areas
- Damage is widespread, including moderate damage to some highways, roads, and buildings
- Rush hour traffic is severely affected with minor accidents and slowed traffic due to traffic signal failures
- Underground infrastructure damage including water, sewage, power, natural gas

0750 hours

County Office of Emergency Services (OES) activates the Operational Area Emergency Operations Center (OAEOC).

- OAEOC staff are alerted to report for duty
- Messages are sent to all cities, county departments, special districts and Regional OES (REOCs) advising of the OAEOC's activation.
- City and County departments are asked to submit status reports ASAP via RIMS

0800 hours

Healthcare facilities and ambulance providers initiate the Exercise Scenario.

Hospital Scenario Options

Hospitals are activating their internal/external disaster plans, using the Hospital Emergency Incident Command System (HEICS), or other incident management system. The following are possible options for hospital scenarios (can implement any or all of the options, or create your own scenario, keeping within the objectives of the exercise).

Event Impacted Area Options

- Structural damage due to the earthquake, necessitating closure of an area of the hospital, either a patient care area or non-patient care area

Statewide Medical & Health Disaster Exercise MASTER SEQUENCE OF EVENTS

- Laboratory sustains damage and a HazMat spill, necessitating evacuation and clean up. May have staff exposed and requiring decontamination
- Power fails, one emergency generator does not start up
- Emergency Department begins to receive higher than normal volumes of patients affected by the event. The first patients triaged are minor injuries or post-incident anxiety related conditions, but within the hour, patient acuity and ambulance traffic increases dramatically
- Patient admissions increase from the Emergency Department necessitating hospital wide response to the influx of patients
- Telephone service disrupted, internal system or external system disruptions
- Sewer, natural gas, and water systems fail, hospital back up plans are initiated

Indirect Impact From Event Hospital Options

- Hospital not impacted by structural damage or HazMat but is a receiving facility and must prepare for a large influx of patients from surrounding areas, both injured and contaminated patients
- Supplies and supply delivery is disrupted by the event, necessitating initiation of back up systems for procurement
- Your hospital is asked to supply resources (staff, equipment, and supplies) to assist "sister" hospital(s) in the disaster area

0800 hours
(Continued)

Ambulance Provider Scenario Options

Ambulance Providers will be activating their disaster plans. The following are possible options for ambulance scenarios (can implement any or all of the options, or create your own scenario, keeping within the objectives of the exercise).

Event Impacted Ambulance Options

- Ambulance quarters and garage are collapsed in the quake, disabling a number of vehicles
- Numbers of on duty staff were injured in the event, creating an internal disaster
- Normal communication links with dispatch, control facility and hospitals are down, implement alternate communication systems
- Power outages result in inability to refuel vehicles
- Debris in roadways and downed overpasses create obstacles to normal traffic patterns and flow
- Hospitals are transferring many critical patients due to structural damage and require your ambulance services
- Large number of 9-1-1 calls and inadequate numbers of personnel and equipment to respond to the calls

Statewide Medical & Health Disaster Exercise MASTER SEQUENCE OF EVENTS

Indirect Impact From Event (Ambulance Provider Options)

- Assess alternate fuel supplies since supply routes will be disrupted for the area
- Assess alternate supply sources (medications, equipment) due to disrupted distributions
- You are asked to mobilize personnel, supplies and equipment to respond to the disaster area
- Communications into the impacted area may be down or disrupted, initiate alternative systems

0925 hours

City/County status reports indicate infrastructure **BLACK** due to power outages

- **Problem:** Power outages in areas within approximately 50 to 100 miles of the epicenter. There is no electricity in your city
- **Problem:** Hospitals are reporting structural damage to some buildings
- **Problem:** Major water, gas and sewer system disruptions in cities
- **Action:** OSHPD deploys assessment teams to healthcare facilities

0930 hours

The EXERCISE REPORT FORM is completed by each facility and ambulance provider and faxed/transmitted to Operational Area Medical/Health Exercise Contact (Listed in Attachment VIII). Alternate forms of communication may also be used to transmit information. Note: this information must be received by 1000 hours.

1000 hours

The Statewide Exercise Report Form is received at the appropriate agency.
Phone system failures.

- Some phone system failures close to the epicenter, including cell phones
- Freeway structures are damaged in vicinity of the epicenter. Damage visible but structures are still standing. Assess for structural integrity

1030 hours

The Operational Area (County) Medical Health Exercise Contact compiles the participant information from the Exercise Report Forms and enters the County data via RIMS on the Medical/Health Status Report as determined prior to the exercise. (See instructions for entering data on Attachment VI)

1030 hours

Aftershocks occur with major HazMat incidents

- Major HazMat incident in hospital (lab or engineering departments) caused by fire, explosion and/or spills. Small evacuation and HazMat clean up required by facilities
- OSHPD teams report healthcare facility structural damage assessments

**Statewide Medical & Health Disaster Exercise
MASTER SEQUENCE OF EVENTS**

<u>1045 hours</u>	A train derails on the outskirts of town. With an unknown number of casualties, emergency responders are now in short supply to respond to the incident, and area hospitals are already overwhelmed with victims/patients.
<u>1100 hours</u>	A small tsunami caused by a large underwater landslide impacts coastal areas. There is some loss of life as people are washed out to sea, but little structural damage.
<u>1200 hours</u>	Exercise Ends.



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000**

Community Press Release

**For Immediate Release
(Date of release)**

**Contact: Jane Doe
916-XXX-XXXX**

In XXX County, the possibilities of (choose one or all: earthquakes, hazardous materials incidents, power, gas and phone failures, train derailments or Tsunami) are very real threats. Participating in exercises such as this helps our community be better prepared to respond to an actual disaster should it occur.

On November 9, 2000, 8:00 am to noon, many hospital and ambulance providers in XXX county or city, and across the State of California, will voluntarily participate in this second annual statewide medical and health disaster exercise. Last year over 500 healthcare facilities, over 100 ambulance providers and nearly every county participated in the exercise. This year, local, regional and state governmental agencies, volunteer organizations and public and private healthcare providers will be activating their disaster plans and communication systems to coordinate their community response to the disaster exercise.

Disaster exercises assess the effectiveness and evaluate the readiness of our community emergency preparedness programs and communication links. Many agencies work cooperatively to respond to any disaster. Implementing and practicing the procedures and community responses is vital to maintaining readiness.

This statewide exercise is a cooperative effort of many agencies including the Emergency Medical Services Authority, Department of Health Services, State/Regional and local Office of Emergency Services, Office of Statewide Health Planning and Development, California Healthcare Association, Healthcare Association of Southern California, Regional Hospital Associations, California Ambulance Association, California Fire Chiefs, Amateur Radio volunteers, Los Angeles County, and Hospital Corporations.

For complete exercise information, please visit www.emsa.ca.gov



Attachment- V. b

**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000**

**Public Information Officer
Information Release**

Date: 9-9-00

Contacts: Jane Doe
XXX-XXX-XXXX

**Statewide Medical and Health Disaster Exercise
State of California
November 9, 2000**

- What:** California is conducting the second annual Statewide Medical and Health Disaster Exercise. Many hospitals and ambulance providers across the state will voluntarily participate in the exercise. The exercise scenario includes an earthquake, telephone outages, utility outages, hazardous materials incidents, train derailment, and a tsunami. The effectiveness and readiness to respond to disasters will be tested during the exercise, increasing the preparedness for an actual incident.
- When:** 08:00 a.m. to 12:00 p.m., Thursday, November 9, 2000
- Where:** In hospitals, ambulance services and local government agencies throughout the State of California
- Who:** Emergency Medical Services Authority, Department of Health Services, State/Regional and local Office of Emergency Services, Office of Statewide Planning and Development, California Healthcare Association, Healthcare Association of Southern California, Regional Hospital Associations, California Ambulance Association, California Fire Chiefs, Amateur Radio volunteers, Los Angeles County, and hospital corporations.
- Visuals:** Northridge Earthquake video
Northern California floods
- Background:** In California, the possibility of earthquakes, hazardous materials incidents, power, gas and phone failures, train derailments and Tsunami are very real threats. Participating in exercises such as this helps our community be better prepared to respond to an actual disaster should it happen.

**STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY
STATEWIDE MEDICAL & HEALTH DISASTER EXERCISE**

HEALTHCARE FACILITY TO COUNTY EXERCISE REPORT FORM

**Complete this form and fax/transmit the data to the Operational Area (County) Medical/Health Exercise Contact
(Listed in Attachment VIII) BETWEEN 0930-1000 HOURS ON NOVEMBER 9, 2000.**

Facility Name: _____ Time: _____

Address: _____ City: _____

County: _____ Zip Code: _____ Telephone #: () _____

Facility Contact Person and Position: _____

1. What is the Functional Level of your facility?

Please indicate by checking the appropriate Functional Level below and briefly describe the situation at the time and date indicated above.

RIMS
CODE #8B

☐

NOT FUNCTIONAL	Comments
Facility is critically damaged or affected. Unable to continue any services (e.g. severe building damage requiring partial or full evacuation).	<i>Include time estimates to functionality (e.g., 8 hours, 24 hours, 1 week, etc); Please classify as structural/nonstructural. Will your facility need outside assistance to restore full functionality? (See below.)</i>

RIMS
CODE #8C

☐

PARTIALLY FUNCTIONAL	Comments:
Facility experiencing moderate to significant reductions in patient services (e.g. significant building damage, significant loss of major utilities, inadequate emergency power, overwhelming influx of patients).	<i>Include time estimates to functionality (e.g., 8 hours, 24 hours, 1 week, etc); Please classify as structural/nonstructural. Will your facility need outside assistance to restore full functionality? (See below.)</i>

RIMS
CODE #8D

☐

FULLY FUNCTIONAL	Comments
Facility may have minor reductions in patient services but is still able to carry out majority of normal operational functions.	

2. Do you need assistance in any of the following areas?

Please indicate by checking the appropriate area below, briefly describe the situation and list specific resource needs.

RIMS
CODE #10.a

☐

PERSONNEL	Comments
Includes medical (physicians, nurses, etc), environmental services, engineering, public health, clerical, etc.	

RIMS
CODE #10.b.

☐

SUPPLIES	Comments
Includes medical equipment, medical supplies, water (potable/non-potable), food, generators, portable toilets, etc..	

RIMS
CODE #10.c.

☐

TRANSPORTATION	Comments
Includes BLS/ALS transportation (land and air), buses, other vehicles, etc..	

RIMS USERS: *Please refer to the RIMS Code on the left margin to compare with Standard RIMS Form.*

3. Has your facility experienced a hazardous materials spill or radiological release?

Please indicate by checking the appropriate exposure below and briefly describe the situation at the time and date indicated above.

RIMS
CODE #17A

<input type="checkbox"/>	HAZARDOUS MATERIALS	Comments
	Briefly describe the incident, the number of people exposed/contaminated and the steps taken to mitigate. Is this an internal or external event?	
<input type="checkbox"/>	RADIOLOGICAL	Comments
	Briefly describe the incident, the number of people exposed/contaminated and the steps taken to mitigate. Is this an internal or external event?	

RIMS
CODE #17A

4. Does your facility require partial/complete evacuation?

Please indicate by checking the appropriate box below and briefly describe the situation at the time and date indicated above.

RIMS
CODE #17B

<input type="checkbox"/>	EVACUATION	Comments
	Briefly describe the incident, partial or full evacuation, the number of people to evacuate, evacuation location (on/offsite) and the steps taken to mitigate.	
<input type="checkbox"/>	SHELTERING	Comments
	Briefly describe the situation and list the number of people and patients you have and/or need to shelter.	

RIMS
CODE #17B

5. Other critical medical or health issues at your facility?

Please indicate and describe any additional incidents/situations.

RIMS
CODE #19

<input type="checkbox"/>	OTHER CRITICAL ISSUES	Comments

***RIMS USERS:** Please refer to the RIMS Code on the left margin to compare with Standard RIMS Form.

This form is being piloted throughout California. It is written for Health Care Facilities to participate in the Response Information Management System (RIMS). This information network assists medical and health authorities in evaluating and responding to area issues through the Standardized Emergency Management System (SEMS).

Please complete and fax/transmit this form by 10:00 am to:
(Operational Area Medical/Health Exercise Contact-- Listing in Attachment VIII)



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000

AMBULANCE PROVIDER TO OPERATIONAL AREA EXERCISE REPORT FORM

**Complete this form and fax/transmit data to the Operational Area (County)
Medical/Health Exercise Contact (Listed in Attachment VIII) BETWEEN 0930-1000
HOURS ON NOVEMBER 9, 2000.**

Name of Ambulance Provider: _____

Address: _____

City: _____ Zip: _____ County: _____

Key contact for Disaster Exercise: _____

Telephone #: _____ Fax #: _____

Email: _____

	Basic Life Support	Advanced Life Support	Total
# Of Licensed Ambulances owned			
# Of Fully Staffed and Equipped Ambulances Available to Respond to Calls at 0900			
Additional # of Fully Staffed and Equipped Ambulances available in 2 hours for Disaster or Mutual Aid			

Fax/transmit this form to the Operational Area (County) Exercise Contact (Listed in Attachment VIII) BETWEEN 0930-1000 HOURS ON NOVEMBER 9, 2000.



Attachment- VII. a

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000

HEALTHCARE FACILITY
MASTER ANSWER SHEET

Complete this Master Answer Sheet for responses to the Healthcare Facility Exercise Evaluation Forms and mail only this Attachment VII-a to the address below.

Healthcare Facility Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Please circle the single best answer to each question.

- | | |
|--------------------|---------------|
| 1. a b c d e f g | 14. a b c d |
| 2. a b c d e f g h | 15. a b c d e |
| 3. a b c d e | 16. a b c d |
| 4. a b c d | 17. a b c d |
| 5. a b c | 18. a b c d |
| 6. a b c | 19. a b c d |
| 7. a b c d | 20. a b c d |
| 8. a b c | 21. a b c d |
| 9. a b c d | 22. a b c |
| 10. a b c d e f | 23. a b c d |
| 11. a b c | 24. a b c d |
| 12. a b c | 25. a b c d |
| 13. a b c | |

Any comments? Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed. We appreciate your comments!

Mail completed answer sheet by **NOVEMBER 14, 2000** to:

California Emergency Medical Services Authority
1930 9th Street, Suite 100
Sacramento, CA 95814
Attn: Statewide Medical & Health Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000

HEALTHCARE FACILITY EXERCISE EVALUATION FORM

This form is to be completed by the participating healthcare facility.

*Please use the attached **Master Answer Sheet for Healthcare Facilities** when recording your responses. Be sure to complete every question before submitting the Master Answer Sheet (Attachment VII, a.) to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2000 Exercise Participation Evaluation Master Answer Sheet.*

1. Please circle the single best answer that describes which OES Mutual Aid Region your facility is in (Listed in Attachment IX).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know

2. Circle the single best answer that describes your facility.
 - A. Acute care hospital with a basic or comprehensive emergency department
 - B. Acute care hospital with a stand-by emergency department
 - C. Acute care hospital with no emergency department
 - D. Psychiatric hospital
 - E. Specialty care hospital
 - F. Skilled nursing facility
 - G. Clinic
 - H. Other

3. Circle the single best answer that describes the type of your facility.
 - A. Local Government (County, District, etc.)
 - B. Federal or State Government (VA, UC, Teaching, etc..)
 - C. Non-Profit, Not-for-Profit
 - D. For Profit
 - E. Other

4. Please indicate the level of participation of your facility during the November 9 exercise.
 - A. Communications exercise only
 - B. Table top exercise
 - C. Functional exercise
 - D. Other

HEALTHCARE FACILITY EXERCISE EVALUATION FORM

5. Did you activate your disaster plan during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't Know
6. Does your disaster plan utilize the Hospital Emergency Incident Command System (HEICS)?
 - A. Yes
 - B. No
 - C. Don't know what HEICS is. (For information on HEICS, contact the EMSA at 916-322-4336 ext. 463 or visit the website at www.emsa.ca.gov)
7. Was the facility generator tested during the November 9 exercise?
 - A. Yes
 - B. No (if no, skip to question 9)
 - C. Don't have a facility generator (skip to question 9)
 - D. Don't know
8. Did the generator work?
 - A. Yes
 - B. No
 - C. Don't Know
9. Did your facility implement an alternative communication system (other than telephone) to reach the County Emergency Operations Center, nearby hospitals or "sister" hospitals during the November 9 exercise?
 - A. Yes
 - B. No (if no, skip to question 13)
 - C. Don't know
 - D. N/A
10. Identify the communication system(s) that was utilized.
 - A. HEAR radio
 - B. ReddiNet
 - C. EMSsystem
 - D. Amateur Radio
 - E. Internet
 - F. Other
11. Did your facility implement at least one contingency plan testing a simulated failed system (power, water, gas, sewer) during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
12. Did your facility implement methods to respond to a large influx of patients and subsequent facility overcrowding during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know

HEALTHCARE FACILITY EXERCISE EVALUATION FORM

13. Did your facility simulate an in-hospital hazardous materials spill during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't Know
14. Did your facility decontaminate patients during the November 9 exercise?
 - A. Yes
 - B. No (if no, skip to question 16)
 - C. Don't know
 - D. N/A
15. Please indicate the number of patients your facility decontaminated?
 - A. < 5
 - B. 5-20
 - C. 21-50
 - D. > 50
 - E. N/A
16. Did your facility utilize staff contact lists (cascade call-in lists) to notify additional personnel during the exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
17. Did your facility establish alternative communications between ambulance personnel and your facility during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
18. Did your facility simulate supply shortages during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
19. Did your facility simulate requesting additional supplies from medical vendors during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
20. Did your facility simulate a patient evacuation during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A

HEALTHCARE FACILITY EXERCISE EVALUATION FORM

21. Did your facility utilize a train derailment option during the exercise?
A. Yes
B. No
C. Don't Know
D. N/A
22. Did your facility simulate a tsunami option during the November 9 exercise?
A. Yes
B. No
C. Don't Know
23. How would you evaluate your facility's response to the event and initiation of disaster plan?
A. Excellent, no changes needed in the disaster plan
B. Good, minor changes in the system/disaster plan identified
C. Fair, moderate changes needed in the system/disaster plan identified
D. Needs improvement, substantial disaster plan review/changes identified
24. In general, were you satisfied with the November 9 statewide exercise?
A. Yes
B. No
C. Don't know
D. N/A
25. Would you like to participate in future statewide exercises?
A. Yes
B. No
C. Don't know
E. N/A
26. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. We very much appreciate your feedback!

Thank you for your participation with this survey.

Please mail the COMPLETED MASTER ANSWER SHEET to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814-7043**

Attn: Statewide Medical & Health Disaster Exercise



Attachment- VII. c

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000

AMBULANCE PROVIDER
MASTER ANSWER SHEET

Complete this Master Answer Sheet for responses to the Ambulance Provider Exercise Evaluation Form and mail only this Attachment VII-c to the address below.

Ambulance Provider Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Please circle the single best answer to each question.

- | | |
|----------------------------------|--------------------------|
| 1. a b c d e f g | 11. a b c |
| 2. a b c d | 12. a b c |
| 3. a b c d e | 13. a b c d e |
| 4. a b c d | 14. a b c d |
| 5. a b c | 15. a b c d |
| 6. a b c | 16. a b c d |
| 7. a b c d | 17. a b c |
| 8. a b c d e f | 18. a b c d |
| 9. a b | 19. a b c d |
| 10. a b c d | 20. a b c d |

Any comments? Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed. We appreciate your comments!

Mail completed answer sheet by **NOVEMBER 14, 2000** to:

California Emergency Medical Services Authority
1930 9th Street, Suite 100
Sacramento, CA 95814

Attn: Statewide Medical & Health Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000

AMBULANCE PROVIDER EXERCISE EVALUATION FORM

This form is to be completed by the participating ambulance provider.

*Please use the attached **Master Answer Sheet for Ambulance Providers** when recording your responses. Be sure to complete every question before submitting the answer sheet to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2000 Exercise Participation Evaluation Master Answer Sheet.*

1. Circle the single best answer that describes which OES Mutual Aid Region your service is in (Listed in Attachment IX).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know
2. Please circle the single best answer that describes your service.
 - A. Basic Life Support
 - B. Advanced Life Support
 - C. Both A and B
 - D. Other
3. Circle the single best answer that describes your service.
 - A. Private business
 - B. Fire service affiliate
 - C. Special district or local government (other than fire service)
 - D. Hospital affiliate
 - E. Other
4. Circle the level of participation of your service during the November 9 exercise.
 - A. Communications exercise only
 - B. Table top exercise
 - C. Functional exercise
 - D. Other
5. Did you activate your disaster plan during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
6. Does your disaster plan utilize the Incident Command System (ICS)?
 - A. Yes
 - B. No
 - C. Don't know what ICS is.

AMBULANCE PROVIDER EXERCISE EVALUATION FORM

7. Did you implement an alternative communication system (other than telephone) to reach the ambulance crews, dispatch and hospitals during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
8. Identify the communication system(s) that was utilized.
 - A. HEAR radio
 - B. ReddiNet
 - C. EMSsystem
 - D. Amateur Radio
 - E. Internet
 - F. Other
9. Did you implement at least one contingency plan testing a simulated failed system (power, gas, water, sewer) during the November 9 exercise?
 - A. Yes
 - B. No
10. Did your service simulate requesting additional supplies from medical vendors during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
11. Did you implement methods to respond to a large patient flow, causing subsequent hospital overcrowding with diversion of patients during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
12. Did your operation deal with contaminated patients during the exercise?
 - A. Yes
 - B. No (if no, skip to question 14)
 - C. Don't Know
13. How many contaminated patients did you decontaminate and transport?
 - A. < 5
 - B. 5-20
 - C. 21-50
 - D. > 50
 - E. N/A
14. Did your facility utilize staff contact lists (cascade call-in lists) to notify additional personnel during the exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A

AMBULANCE PROVIDER EXERCISE EVALUATION FORM

15. Did your service simulate supply shortages during the November 9 exercise?
A. Yes
B. No
C. Don't know
D. N/A
16. Did your service simulate requesting additional supplies from medical vendors during the November 9 exercise?
A. Yes
B. No
C. Don't know
D. N/A
17. Did you simulate support of a hospital involved in patient evacuation during the November 9 exercise?
A. Yes
B. No
C. Don't know
18. How would you evaluate your service's response to the event and initiation of disaster plan?
A. Excellent, no changes needed in the disaster plan
B. Good, minor changes in the system/disaster plan identified
C. Fair, moderate changes needed in the system/disaster plan identified
D. Needs improvement, substantial disaster plan review and changes identified
19. Would you like to participate in future statewide exercises?
A. Yes
B. No
C. Don't know
D. N/A
20. In general, were you satisfied with the November 9 Statewide exercise?
A. Yes
B. No
C. Don't know
D. N/A
21. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. We very much appreciate your feedback!

Thank you for your participation with this survey.

Please mail the COMPLETED MASTER ANSWER SHEET to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814-7043
Attn: Statewide Medical & Health Disaster Exercise**



Attachment- VII. e

State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000

ACS, Amateur Radio, CARES and RACES
MASTER ANSWER SHEET

Complete this Master Answer Sheet for responses to the ACS, Amateur Radio, CARES and RACES Exercise Evaluation Form and mail only this Attachment VII-e to the address below.

Organization Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Please circle the single best answer to each question.

- | | |
|----------------------------------|------------------------------|
| 1. a b c d e f g | 9. a b c d e f |
| 2. a b c d | 10. a b c |
| 3. a b c d e | 11. a b c |
| 4. a b c d | 12. a b c |
| 5. a b c | 13. a b c |
| 6. a b c | 14. a b c d |
| 7. a b c | 15. a b c d |
| 8. a b c | 16. a b c d |

Any comments? Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed.

We appreciate your comments!

Mail completed answer sheet by **NOVEMBER 14, 2000** to:

California Emergency Medical Services Authority
1930 9th Street, Suite 100
Sacramento, CA 95814
Attn: Statewide Medical & Health Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000

**ACS, AMATEUR RADIO, CARES AND RACES
EXERCISE EVALUATION FORM**

This form is to be completed by each participating radio provider.

*Please use the attached **Master Answer Sheet for Amateur Radio** when recording your responses. Be sure to complete every question before submitting the answer sheet to the EMS Authority. Certificates for Participation will be provided only upon receipt of the 2000 Exercise Participation Evaluation Master Answer Sheet.*

1. Circle the single best answer that describes which OES Mutual Aid Region your organization is in (Listed in Attachment IX).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know
2. Please circle the single best answer that describes your organization.
 - A. Amateur Radio Volunteer
 - B. CARES
 - C. RACES
 - D. Other: (specify) _____
4. Circle the level of participation of your service during the November 9 exercise.
 - A. Communications exercise only
 - B. Table top exercise
 - C. Functional exercise
 - D. Other: (specify) _____
5. Did you activate your disaster plan during the November 9 exercise?
 - A. Yes
 - B. No
 - C. Don't know
6. Does your disaster plan utilize the Incident Command System (ICS)?
 - A. Yes
 - B. No
 - C. Don't know what ICS is.

**ACS, AMATEUR RADIO, CARES AND RACES
EXERCISE EVALUATION FORM**

7. Did you educate the hospitals and operators in your area about the frequencies and information packet and protocols pre-exercise?
- A. Yes
 - B. No
 - C. Don't know
8. Did you coordinate, pre-exercise, with local amateur radio operators on frequencies and protocols to use during the November 9 exercise?
- A. Yes
 - B. No
 - C. Don't know
9. Identify the communication system(s) that was utilized.
- A. HEAR radio
 - B. ReddiNet
 - C. EMSsystem
 - D. Amateur Radio
 - E. Internet
 - F. Other: (Specify) _____
10. Did you transmit the hospital RIMS information?
- A. Yes
 - B. No
 - C. Don't know
11. Was the transmitted data received and accepted?
- A. Yes
 - B. No
 - C. Don't know
12. Did you activate the regional/statewide network voice systems during the November 9 exercise?
- A. Yes
 - B. No
 - C. Don't know
13. Were frequencies and channels open and available for transmission during the November 9 exercise?
- A. Yes
 - B. No
 - C. Don't Know

**ACS, AMATEUR RADIO, CARES AND RACES
EXERCISE EVALUATION FORM**

14. How would you evaluate your organization's response to the event and initiation of the disaster plan?
- A. Excellent, no changes needed in the disaster plan
 - B. Good, minor changes in the system/disaster plan identified
 - C. Fair, moderate changes needed in the system/disaster plan identified
 - D. Needs improvement, substantial disaster plan review and changes identified
15. In general, were you satisfied with the November 9 Statewide exercise?
- A. Yes
 - B. No
 - C. Don't know
 - D. N/A
16. Would you like to participate in future statewide exercises?
- A. Yes
 - B. No
 - C. Don't know
 - D. N/A
17. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed.

We very much appreciate your feedback!

Thank you for your participation with this survey.

Please mail the COMPLETED MASTER ANSWER SHEET to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814

Attn: Statewide Medical & Health Disaster Exercise



Attachment- VIII

State of California Emergency Medical Services Authority Statewide Medical & Health Disaster Exercise November 9, 2000

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME/ADDRESS	CONTACT NUMBERS
Alameda	Cynthia Frankel 1000 Broadway Ste 500 Oakland, CA 94607	Phone: 510-628-5088 Fax: 510-465-5624 Email: cfrankel@ph.mail.co.alameda.ca.us
Alpine Amador Calaveras Stanislaus	Doug Buchanan 1101 Standiford Ave Ste D-1 Modesto, CA 95350	Phone: 209-529-5085 Fax: 209-529-1496 Email: dbuchanan@mvensa.com
Butte	Dr. Mark Lundberg 18 County Center Dr. Suite B Oroville, CA 95965	Phone: 530-538-7581 Fax: 530-538-2165 Email: mlundberg@buttecounty.net
Colusa	Nancy Parriott PO Box 610 Colusa, CA 95932	Phone: 530-458-0380 Fax: 530-458-4136 Email: nparriott@ncen.org
Contra Costa	Dan Guerra 50 Glacier Drive Martinez, CA 94553	Phone: 925-646-4690 Fax: 925-646-4379 Email: dguerra@hsd.co.contra-costa.ca.us
Del Norte	Richard Mize, MD 880 Northcrest Dr. Crescent City, CA 95531	Phone: 707-465-8334 Fax: 707-465-4573 Email: dmize@compuserve.com
El Dorado	Steven Drogin, MD 931 Spring Street Placerville, CA 95667	Phone: 530-621-6119 Fax: 530-626-4713 Email: gehamlin@innercite.com
Fresno Kings Madera	Lee Adley 1221 Fulton Mall PO Box 11867 Fresno, CA 92775	Phone: 559-445-3387 Fax: 559-445-3205 Email: Ladley@fresno.ca.gov
Glenn	Deanna Stephenson 970 Executive Way Redding, CA 96002	Phone: 530-221-7900 Fax: 530-221-7544 Email: ncems@c-zone.net
Humboldt	Clarke Guzzi 529 "I" Street Eureka, CA 95501	Phone: 707-445-6200 Fax: 707-445-6097 Email: cguzzi@co.humboldt.ca.us
Imperial	John Pritting 935 Broadway El Centro, CA 92243	Phone: 760-339-4468 Fax: 760-352-9933 Email: johnpritting@imperialcounty.net

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME/ADDRESS	CONTACT NUMBERS
Inyo	Tamara Pound PO Box Drawer H Independence, CA 93526	Phone: 760-878-0232 Fax: 760-878-0241 Email: inyohhs@qnet.com
Kern	Russ Blind 1400 H Street Bakersfield, CA 93301	Phone: 661-861-3200 Fax: 661-322-8453 Email: blinddr@co.kern.ca.us
Lake	Richard Arnold 922 Bevins Ct. Lakeport, CA 95453	Phone: 707-263-1090 Fax: 707-263-1662 Email: richarda@co.lake.ca.us
Lassen	Chip Jackson 220 S. Lassen, Suite 1 Susanville, CA 96130	Phone: 530-257-6121 Fax: 530-257-9363 Email: lascooes@psln.com
Los Angeles	Darlene Isbell Jim Eads 555 Ferguson Drive Suite 220 Commerce, CA 90022	Phone: 323-890-7519 Fax: 323-890-8536 Email: jimeads@pacbell.net
Marin	Ardith Hamilton 161 Mitchell Blvd. Ste. 100 San Rafael, CA 94903	Phone: 415-499-6871 Fax: 415-499-3747 Email: ahamilton@marin.org
Mariposa	Charles Mosher, MD PO Box 5 Mariposa, CA 95338	Phone: 209-966-3689 Fax: 209-966-4929 Email: cmosher@hwl.cahwnet.gov
Mendocino Sonoma	Kent Coxon 1030 Sonoma Center Dr. Suite D Santa Rosa, CA 95403	Phone: 707-565-6501 Fax: 707-565-6510 Email: kcoxon@bigfoot.com
Merced	Chuck Baucom 410 W. Main St., Ste. E Merced, CA 95340	Phone: 209-725-3237 Fax: 209-725-3539 Email: cbaucaom@data.co.merced.ca.us
Modoc	Nancy Ballard PO Drawer 460 Alturas, CA 96101	Phone: 530-233-4416 Fax: 530-233-4971 Email: nballard@sheriff.co.modoc.ca.us
Mono	Chris Mokracek PO Box 616 Bridgeport, CA 93517	Phone: 760-932-5210 Fax: 760-934-5198 Email: jaaichermcso@aol.com
Monterrey	Don Hiatt 19065 Portola Dr. Ste. 1 Salinas, CA	Phone: 831-755-5013 Fax: 831-455-0680 Email: mnttryco.ems.aol.com
Napa	Neil O'Haire 1195 Third St. Rm 310 Napa, CA 94559	Phone: 707-253-4257 Fax: 707-253-4176 Email: nohaire@co.napa.ca.us

Operational Area (County) Medical/Health Exercise Contacts

CONTACT	CONTACT NAME/ADDRESS	CONTACT NUMBERS
Nevada	Jess Montoya 10433 Willow Valley Rd Nevada City, CA 95959	Phone: 530-265-1459 Fax: 530-265-1426 Email: jess.montoya@co.nevada.ca.us
Orange	Paul Russell PO Box 355 Santa Ana, CA 92702	Phone: 714-834-3124 Fax: 714-834-3125 Email: pmrussell@hca.co.orange
Placer	Mike Boyle 2968 Richardson St. Auburn, CA 95603	Phone: 530-823-4411 Fax: 916-886-5343 Email: mboyle@placer.ca.gov
Plumas	Sandy Norton PO Box 3140 Quincy, CA 95971	Phone: 530-283-6346 Fax: 530-283-6110 Email: snorton@pchealth.net
Riverside	John Plasencia PO Box 7600 Riverside, CA 92513	Phone: 909-358-5547 Fax: 909-358-5160 Email: jplasenc@co.riverside.ca.us
Sacramento	Bruce Wagner 9616 Micron Ave. Ste 635 Sacramento, CA 95827	Phone: 916-875-9753 Fax: 916-875-9711 Email: wagner@co.sacramento.ca.us
San Benito	Margie Riopel 471 Fourth Street Hollister, CA 95023	Phone: 831-630-5100 Fax: 831-636-4010 Email: sbcbos@hollinet.com
San Bernardino	George Bolton 515 N. Arrowhead Ave. San Bernardino, CA 92415	Phone: 909-388-5823 Fax: 909-388-5825 Email: dfisher@ph.co.san-bernadino.ca.us
San Diego	Jeri Bonesteele 6255 Mission Gorge Rd San Diego, CA 92120	Phone: 619-285-6505 Fax: 619-285-6531 Email: jboneshe@co.san-diego.ca.us
San Francisco	Jorge Palafox 1540 Market Street San Francisco, CA 94102	Phone: 415-554-9971 Fax: 415-241-0519 Email: Jorge_palafox@dhp.sf.ca.us
San Joaquin	Darrell Cramphorn PO Box 1020 Stockton, CA 95201	Phone: 209-468-6818 Fax: 209-468-4725 Email: dcramphorn@co.san-joaquin.ca.us
San Luis Obispo	Tom Lynch 712 Fiero Lane #29 San Luis Obispo, CA 93401	Phone: 805-546-8728 Fax: 805-546-8736 Email: sloemsa@fix.net
San Mateo	Matt Lucett 225 W. 37 th Street San Mateo, CA 94408	Phone: 650-573-2737 Fax: 650-573-2029 Email: mlucett@co.sanmateo.ca.us
Santa Barbara	Rick Ceriale 300 N. San Antonio Rd. Santa Barbara, CA 93110	Phone: 805-681-5253 Fax: 805-681-5142 Email: rcerial@co.santa-barbara.ca.us

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME/ADDRESS	CONTACT NUMBERS
Santa Clara	Robert Petrucci 645 So. Bascom Ave. Suite 125 San Jose, CA 95128	Phone: 408-885-4252 Fax: 408-885-3538 Email: bob.petrucci@hhs.co.santaclara.ca.us
Santa Cruz	Vol Ranger 1080 Emeline Ave. Santa Cruz, CA 95060	Phone: 831-454-4120 Fax: 831-454-4272 Email: vranger@health.co.santa-cruz.ca.us
Shasta	Jeannie Meyer 2650 Breslauer Way Redding, m CA 96001	Phone: 530-225-5621 Fax: 530-225-5074 Email: emurane@co.shasta.ca.us
Sierra	Liz Fisher PO Box 513 Downieville, CA 95936	Phone: 530-289-0212 Fax: 530-289-3339 Email: scoes@sccn.net
Siskiyou	Grizz Adams 311 Lane St. Yreka, CA 96097	Phone: 530-842-8379 Fax: 530-842-8378 Email: sisgoes2@snowcrest.net
Solano	Michael Frenn 1735 Enterprise Dr. MS 3-220 Fairfield, CA 94533	Phone: 707-421-6685 Fax: 707-421-6682 Email: mfrenn@solanocounty.com
Sutter	Arch Beard, MD 1445 Circle Dr. Yuba City, CA 95993	Phone: 530-822-7215 Fax: 530-822-7223 Email: abeard@co.sutter.ca.us
Tehama	Valerie Lucero 1860 Walnut St. Red Bluff, CA 96080	Phone: 530-527-6824 Fax: 530-527-0362 Email: lucero@tcha.net
Trinity	Sgt. Dave Laffranchini PO Box 1228 Weaverville, CA 96093	Phone: 530-623-8107 Fax: 530-623-8180 Email: dlaff@trinitycounty.org
Tulare	Patricia Crawford 5957 S. Mooney Blvd. Visalia, CA 93277	Phone: 559-737-4660 Fax: 559-737-4693 Email: pcrawford@tularehhs.co.tulare.ca.us
Tuolomne	Dan Burch 1210 Sanguinetti Rd. Sonora, CA 95370	Phone: 209-533-0620 Fax: 209-533-4761 Email: tcems@mlode.com
Ventura	Julie Frey 2323 Knoll Dr. Rm 100 Ventura, CA 93003	Phone: 805-677-5274 Fax: 805-677-5290 Email: Julie.frey@mail.co.ventura.ca.us
Yolo	Dan McCanta 35 No. Cottonwood St. Woodland, CA 95695	Phone: 530-666-8905 Fax: 530-666-8909 Email: yolo-oes@yolo.com
Yuba	Kelly Purdon 215 5 th Street Marysville, CA 95901	Phone: 530-749-7520 Fax: 530-741-6549 Email: kpoes@yahoo.com



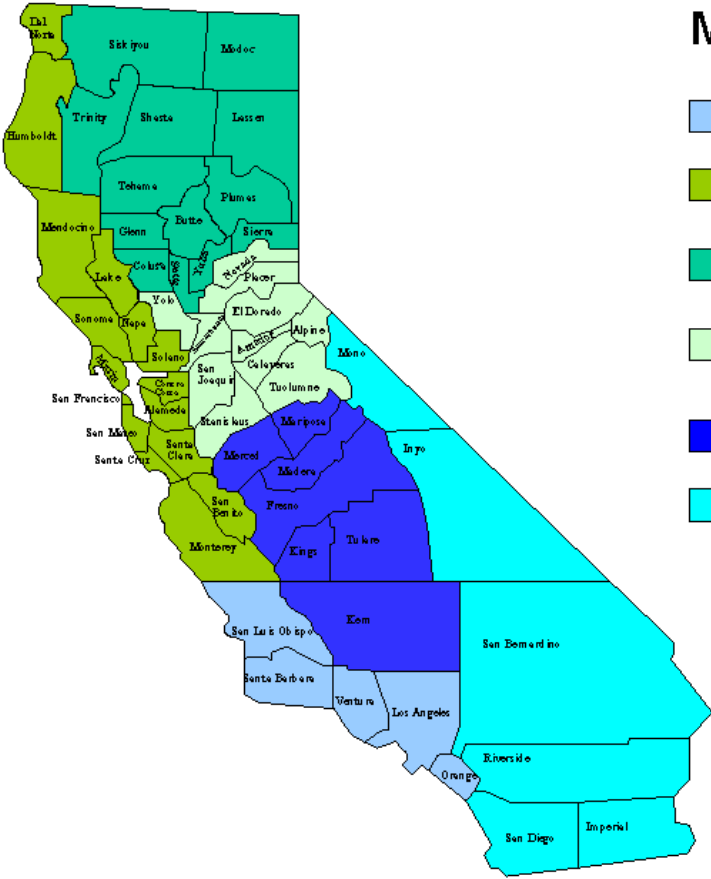
Attachment IX

**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 9, 2000**

**Listing of
Regional Disaster Medical & Health Specialists**

Region I	Jim Eads	Phone: 323-890-7545 Fax: 323-890-8536 Email: jeads@dhs.co.la.ca.us
Region II	Barbara Center	Phone: 925-646-4690 Fax: 925-646-4379 Email: bcenter@hsd.co.contra-costa.ca.us
Region II	Debbie Vanek	Phone: 925-646-4461 Fax: 925-646-1120 Email: dvane@so.co.contra-costa.ca.us
Region III	Deanna Stephenson	Phone: 530-221-7900 Fax: 925-221-7544 Email: ncems@c-zone.net
Region IV	Clarence Teem	Phone: 209-468-6724 Fax: 209-468-6725 Email: cteem@co.san-joaquin.ca.us
Region V	Lee Adley	Phone: 559-445-3387 Fax: 559-445-3205 Email: ladley@fresno.ca.gov
Region VI	Stuart Long	Phone: 909-388-5823 Fax: 909-824-7515 Email: stulong@aol.com

**California OES
Mutual Aid Regions**



- Region I
- Region II
- Region III
- Region IV
- Region V
- Region VI

**Statewide Hospital &
Ambulance
Earthquake Scenario
Disaster Exercise**

DATE: March 8, 2000

TO: Regional Disaster Medical/Health Coordinators
Regional Disaster Medical/Health Specialist
Operational Area Disaster Medical/Health Coordinators
Local EMS Agency Directors
Local Health Officers

FROM: Richard E. Watson
Interim Director

SUBJECT: November 9, 2000, 2nd Annual Statewide Hospital and Ambulance Earthquake
Scenario Disaster Exercise

The EMS Authority along with other State agencies, the California Healthcare Association, Regional Hospital Associations, and several major healthcare systems invite you to participate in the second annual California statewide disaster exercise on November 9, 2000. Last year's exercise focused on a Y2K scenario. This year's exercise will focus on an earthquake scenario with a HAZMAT component. The exercise will again enable acute-care facilities and government agencies to jointly assess emergency preparedness and communication linkages.

Participating State agencies are notifying local government while the California Healthcare Association is sending a date notification letter to acute care hospitals. Ambulance providers will receive notification through the California Ambulance Association or California Fire Chiefs Association. Once this initial notification is made, exercise information will be made available on the EMS Authority website at www.emsa.ca.gov and disseminated through a local medical/health coordinator. Exercise materials should be available in mid-July. State and local officials plan to conduct pre-exercise meetings inviting participants to review materials and answer questions. An overview of the exercise will be presented at the Statewide Medical & Health Disaster Management Conference on October 3 & 4, 2000 in Burbank and on October 11 & 12, 2000 in Pleasanton.

The EMS Authority encourages your participation in this important exercise. The Regional Disaster Medical/Health Coordinators will be contacting local government to identify who will coordinate the exercise at the local level. If you have questions, contact the following regional coordinators:

Region I: Darlene Isbel (323) 890-7543	Region IV: Clarence Teem (209) 468-6818
Region II: Barbara Center (925) 646-4690	Region V: David Jones (559) 445-3387
Region III: Deanna Stephenson (530) 221-7900	Region VI: Stuart Long (909) 888-7511



**CALIFORNIA
HEALTHCARE
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

File Code: 00-03-15

March 1, 2000

**Statewide Hospital
Earthquake Scenario
Disaster Exercise
Set for November 9, 2000**

TO: CHA Members
ALL ACUTE CARE FACILITIES
Facilities Director
FROM: C. Duane Dauner, President
Route To: Disaster Drill Coordinator

SUBJECT: November 9, 2000, Statewide Hospital Earthquake Scenario Disaster Exercise

State AND LOCAL governmental agencies, along with CHA and the Regional Associations, invite you to participate in the second annual California statewide disaster exercise on November 9, 2000. Last year's exercise focused on a Y2K scenario. This year's exercise will focus on an earthquake scenario WITH HAZMAT COMPONENTS. The exercise will again enable acute-care facilities and governmental agencies to jointly assess emergency preparedness and communication linkages.

The participating state agencies are contacting local OES offices, health officers, EMS offices, operational area disaster medical/health coordinators and regional disaster medical/health coordinators to solicit their participation in this exercise.

Hospitals will receive materials from local medical health coordinators for this exercise in mid-July. State and local officials plan to conduct pre-exercise meetings inviting participants to review materials and answer questions.

CHA and the Regional Associations encourage your participation in this important exercise. In the meantime, if you have any questions, please contact Roger Richter at CHA, (916) 552-7570 or your Regional Association representative: Healthcare Association of Southern California – Rosemarie Shamieh, (213) 538-0700; Hospital Council of Northern and Central California – Melissa Stafford Jones, (650) 566-6846; Healthcare Association of San Diego and Imperial Counties – Alesha Andrews, (619) 685-6453.

RR:db



OFFICE OF THE DIRECTOR
Governor's Office of Emergency Services
P.O. Box 419047
Rancho Cordova, California 95741-9047
916-262-1816 Fax 916-262-1677



April 11, 2000

TO: DIRECTORS, COUNTY OFFICES OF EMERGENCY SERVICES

The Governor's Office of Emergency Services (OES), the Emergency Medical Services Authority (EMSA), and the Department of Health Services are working with the California Healthcare Association, Regional Hospital Associations, and several major healthcare systems to conduct the second annual statewide disaster exercise on November 9, 2000. Last year's exercise focused on a Y2K scenario. This year's exercise will focus on an earthquake scenario with a hazardous materials component. The exercise will again enable acute care facilities and governmental agencies to jointly assess emergency preparedness and communication linkages.

Participating State agencies are notifying local OES, local EMSA offices and health officers, and medical/health coordinators. Acute care hospitals will be notified through the California Healthcare Association, and ambulance providers through the California Ambulance Association or California Fire Chiefs Association. Once this initial notification is made, exercise information will be made available on the EMSA website at www.emsa.ca.gov and disseminated through the local medical/health coordinators. Exercise materials should be available in mid-July.

State and local officials plan to conduct pre-exercise meetings, inviting participants to review exercise materials and answer questions. An overview of the exercise will be presented at the Statewide Medical and Health Disaster Management Conference on October 3 - 4, 2000 in Burbank and on October 11 - 12, 2000 in Pleasanton.

OES encourages your participation in this important exercise. Staff from your OES Region will be contacting you about your level of participation and to identify a contact person for purposes of this exercise. If you have any questions, please contact either your OES Region, your Regional Disaster Medical Health Specialist, or access the EMSA website for more information.

Sincerely,

(Signed by Dallas Jones)

DALLAS JONES
Director



8421 Auburn Boulevard, Suite 256, Citrus Heights, CA 95610
Phone: 916-735-0135 / Fax 916-735-0161
Web Site: www.the-caa.org

May 24, 2000

TO: All Ambulance Providers

**Statewide Hospital &
Ambulance
Earthquake Scenario
Disaster Exercise
Set for November 9, 2000**

The Governor's Office of Emergency Services (OES), the state Emergency Medical Services Authority (EMSA) and the state Department of Health Services (DHS) are working with California Ambulance Association (CAA), California Healthcare Association (CHA) and other EMS related organizations to conduct a second statewide disaster exercise in California on November 9, 2000. This year's exercise will focus on an earthquake scenario. The exercise will again enable ambulance providers, acute-care facilities and governmental agencies to jointly assess emergency communication linkages.

Participating state agencies are in the process of contacting local OES offices, local health officers, local EMSA offices, operational area disaster medical/health coordinators and regional disaster medical/health coordinators to solicit their participation in this exercise.

Ambulance Providers will receive additional materials for this exercise in mid-July. State and local officials plan to conduct pre-exercise meetings to review materials and answer questions. Following the exercise, aggregate findings and results, based on evaluations, will be shared with participants, as well as state and local Emergency Medical Services personnel so all interested parties can better evaluate their readiness to an earthquake.

CAA encourages your participation in this important drill.

Sincerely

David A. Nevins
President



California Fire Chiefs Association

825 M Street, Suite 1 • Rio Linda, CA 95673
(916) 991-0293 • (800) 545-7780 • FAX (916) 991-0179
<http://www.calchiefs.org>

Administrative Fire
Services Section

Communication
Officers Section

Emergency Medical
Services Section

Fire Mechanics Section

Fire Prevention
Officers Section

Training Officers Section

DATE: July 14, 2000

TO: Public Agency Ambulance Transport Providers

FROM: Bob O'Brien, Northern EMS Section
Jeff Eastman, Southern EMS Section

SUBJECT: November 9, 2000, 2nd Annual Statewide Hospital and Ambulance
Earthquake Scenario Disaster Exercise

The California Fire Chiefs EMS Section, along with the EMS Authority and other State agencies, the California Healthcare Association, Regional Hospital Associations, and several major healthcare systems invite you to participate in the second annual California statewide disaster exercise on November 9, 2000. Last year's exercise focused on a Y2K scenario. This year's exercise will focus on an earthquake scenario with a HAZMAT component. The exercise will again enable acute-care facilities and government agencies to jointly assess emergency preparedness and communication linkages.

Participating State agencies are notifying local government while the California Healthcare Association is sending a date notification letter to acute care hospitals. Ambulance providers will receive notification through the California Ambulance Association or California Fire Chiefs Association. Once this initial notification is made, exercise information will be made available on the EMS Authority website at www.emsa.ca.gov and disseminated through a local medical/health coordinator. Exercise materials should be available in mid-July. State and local officials plan to conduct pre-exercise meetings inviting participants to review materials and answer questions. An overview of the exercise will be presented at the Statewide Medical & Health Disaster Management Conference on October 3 & 4, 2000 in Burbank and on October 11 & 12, 2000 in Pleasanton.

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